



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH CARE REGULATION AND LICENSING ADMINISTRATION
Incorporation Form



Applicants for Child Development Facility licensure, who are incorporated or who are with an association, must complete the following information pursuant to **Title 29 DCMR, Chapter 3, Child Development Facilities, Section 302.2(a)**

29 DCMR 302.2 “Each application shall contain the following information, all of which shall be a matter of public record available for inspection upon request during regular business hours:

- (a) The name, age, address and occupation of the person making the application, or in the case of a corporation or association, the names, ages, addresses, and occupation of the officers and directors.”

1. Full Name of the Corporation: _____

2. Address of the Corporation: _____
Number Street City State ZIP Code

3. Telephone Number: _____ Fax Number: _____
Area Code Area Code

4. Names, Ages, Addresses and Occupation of the Officers and Directors:

A. Officer

Name	Age	Address	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Director(s)

Name	Age	Address	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RETURN with the License Application, the original Certificate of Good Standing, Clean Hands Act Certification, and applicable license fee.

PLEASE RETAIN A COPY FOR YOUR RECORDS